

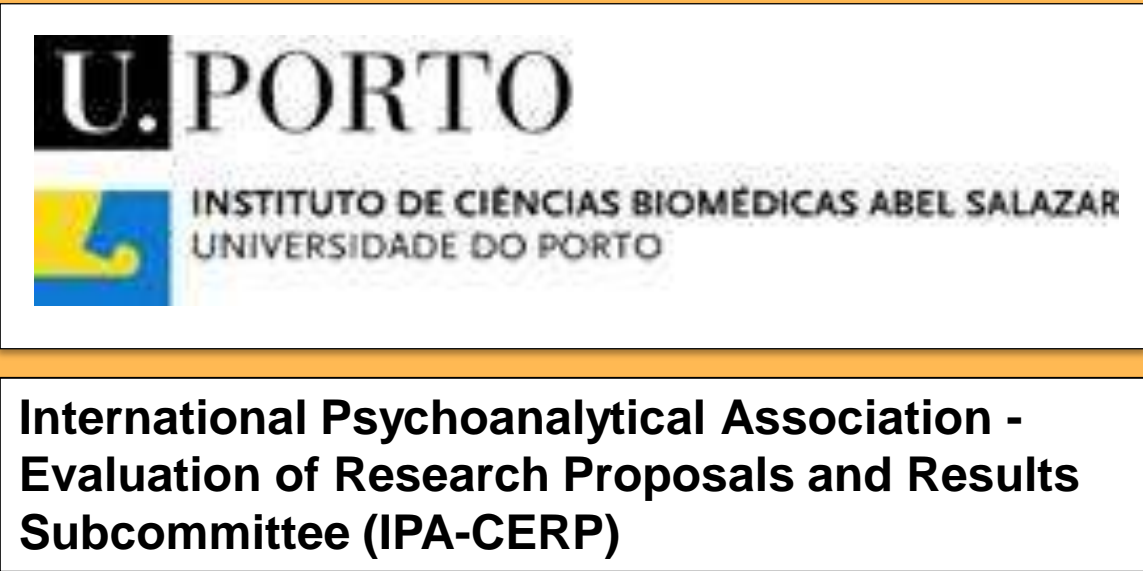
THERAPEUTIC IDENTITY AND COUNTERTRANSFERENCE: EMPIRICAL SPECIFICITY AS INDEPENDENT MEASURES OF THERAPEUTIC RELATIONSHIP

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Introduction

The impact of therapist related variables, either objective (age, gender, professional discipline, years of experience), or subjective (personal style, therapeutic attitude, theoretical assumptions, countertransference) on psychotherapeutic process and outcome is increasingly documented in the literature. Two of the most noteworthy factors addressed in this line of research are therapeutic style (of transtheoretical reach) and countertransference (of psychodynamic lineage). The goal of this study (included in a larger research project whose aim is the construction and validation of a psychometric instrument to evaluate the therapeutic setting) is the assessment of the empirical specificity of both variables as independent measures of therapeutic relationship across therapists of diverse theoretical orientation.

Material and Methods

The participants are 34 experienced cognitive-behavioral (CBT) and psychodynamic therapists (PT) in private practice, mainly women (73.5%), psychologists (70.6% vs. 29.4% medical doctors) purposively chosen. These therapists filled in their cabinets paper and pen experimental Portuguese language versions of Sandell et al (2004, 2007) “Therapeutic Identity Questionnaire” (Thld) E1 “curative factors”, E2 “therapeutic style” and E3 “basic assumptions” subscales, and of the 24-item short version of Holmqvist and Armelius (1996) “Feeling Checklist” (addressing the therapist’s countertransference emotional feelings reported to a recent session). For the purpose of this study empirical specificity is taken as the internal cohesiveness and consistency of Thld E1 and E2 subscales (that specifically concern “therapeutic style”) and of FC feeling words, assessed through correlational analyses of the items of the abovementioned variables.

Results

Tabela 1. Statistically significant differences found between CBT and Psychodynamic Therapists (PT) regarding the items from E1 (curative factors) and E2 (therapeutic style) subscales of TASC				
Subscale	Item	P	CBT mean	PT mean
E1	1	.027	3.900	3.077
E1	25	.042	4.100	3.539
E2	2	.029	2.100	1.615
E2	6	.018	3.950	3.077
E2	22	.014	3.300	2.462

E1 item 1 – Stimulating the patient to think about his problems in more positive ways
E1 item 25 –Working with the patient’s symptoms
E2 item 2 - I find it difficult to deal with the patient’s aggression
E2 item 6 - If a patient asks, I might agree to talk with one of his/her relatives
E2 item 22 – I admit my own mistakes to the patient

Table 2. Correlational analysis intra FC (clusters)							
	Close	Warm	Positive	Free	Distant	Cold	Negative
Close							
Warm				r = .703 p = .000			
Positive							
Free		r = .303 p = .000				r = -.345 p = .049	
Distant							
Cold				r = -.345 p = .049			
Negative		r = -.427 p = .013				r = .602 p = .000	
Unfree						r = .497 p = .003	r = .497 p = .003

In line with the aim of this poster we will not address data on the regularities and differences between CBT and psychodynamic therapists (which is the object of a brief paper presented to this Congress). For Thld: positive correlations were found between: E2 supportiveness and neutrality (p=.05); E2 supportiveness and self-doubt (p=.04); E1 relevance of insight and E2 supportiveness; E1 relevance of insight and E2 self-doubt (both for p=.000); For FC: positive correlations were found between: feelings of warmth and freedom (p=.000); coldness and negative feelings towards the patient (p=.000); negative feelings towards the patient and lack of freedom (p=.003).

Discussion/Conclusions

Regardless of the small sample size results show significant intercorrelations between subscales and key-words of each instrument (for p=.000 to p=.05), which seems to account for the cohesiveness and consistency of both measures across therapists of different theoretical orientation. Even if countertransference emotional feelings are similarly acknowledged by both CBT and PT, which is an empirical asset for FC, it is important to bear in mind the clinical and epistemological specificity of countertransference as the therapist’s unconscious reaction to the patient’s inner mental state communicated via projective identification in the therapeutic relationship.

References:

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